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Letter to the Editor

Evidence supports ribavirin use in Crimean-Congo hemorrhagic fever

The Perspective "Ribavirin is not effective against Crimean-Congo hemorrhagic fever: observations from the Turkish experience" by Ceylan et al.,[1] published in this Journal, reflected the 'against' side of a debate performed in 'for and against', or 'pro et contra' style that took place in Istanbul in May 2012. The debate concerned the use of ribavirin in Crimean-Congo hemorrhagic fever (CCHF). I was coaching the pro-ribavirin group. From my observations, at the end of the talk, a consensus was reached on the use of ribavirin in post-exposure prophylaxis (PEP), such as after a needle-stick injury of a healthcare worker (HCW). As a result, the question arose: If we use ribavirin for PEP, then why not give it for treatment? I will explain the evidence.

Many studies have previously shown the beneficial effects of ribavirin, despite the lack of power, and the benefit has also been shown in a recent powerful study.[2]

The authors of the Perspective claimed that ribavirin therapy has not been shown to decrease the case-fatality rate (CFR) in Turkey. The published evidence is against this claim.[2–6] Further, some of the studies cited by the authors in their references list are in favor of the use of ribavirin, including those published by our group.[7,8] One study against ribavirin was severely biased, and moreover some of the authors of that biased study were not in agreement with what was written – an editorial has already been published.[9]

Performing a randomized clinical trial (RCT) to examine the role of ribavirin in CCHF is in contravention to the Declaration of Helsinki.[10] Despite this fact, an RCT has been performed.[11] This RCT was biased, because it included late cases. Ribavirin may not be beneficial at the late stage of the disease.[2] Further, the sample size was not calculated.

In another biased study referred to by the authors, oral ribavirin was not given to CCHF patients and a CFR of 5% was reported.[12] However, in another study carried out in a similar setting, the CFR was 2.9% with the use of early ribavirin.[3] The 5% fatality rate cannot be accepted as normal.

Although the authors mentioned the renal and hepatic side effects of ribavirin in the biased study,[9] they did not report the number of patients who experienced these side effects.

In summary, ribavirin has been found to be effective in the treatment of CCHF[2] and as post-exposure prophylaxis,[4] and should be given as early as possible.[2–4] If the physicians who are against the use of ribavirin were to be infected with the CCHF virus (which I sincerely hope never occurs), would they reject ribavirin treatment? Then, remember the Hippocratic Oath: *primum non nocere*. So, why not give this treatment to the patients?

Conflict of interest: No conflict of interest to declare.

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